

Minnesota
Bureau of
Mediation
Services

BMS Training Application
Mediation/Representation/
Labor-Management Programs

Please type or print in dark ink.

Course Title:			
First Choice		Second Choice	
Date	Time	Date	Time

Applicant Name	Work Phone	Work Fax
Organization	Division/Work Unit	Union
Work Address		
E-Mail Address		
Accommodations (e.g., Wheelchair, Large Print/Braille Materials/Interpreter, Diet):		

Authorized Signature	Phone	Date
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Mail Completed form to: Bureau of Mediation Services 1380 Energy Lane, Suite Two St. Paul., MN 55108 (651) 649-5426	<u>Or</u> FAX to: To: Bureau of Mediation Services From: Attention: Jan Johnson Phone: FAX: (651) 643-3013 FAX:
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After submitting an application, assume you are registered unless you hear otherwise.